



APPLICATION FOR SOUND AMPLIFICATION PERMIT

Date of Application: _____

Application to be submitted at least 30 days in advance of event

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name (Last, First, Middle):		Other names under which you may have used:
Home Address:	City, State & Zip:	
Home Phone:	Work Phone:	Other Phone:
Name of Business:		
Business Address:	City, State & Zip:	
Business Phone:		
Purpose of Event:	Event Date:	
Location of Special Event:		
Start Time:	Finish Time:	
Description of Entertainment to Be Provided: _____ _____ _____		
Maximum Number of People Who Will Be Permitted to Be In Attendance On Any Particular Day: _____		
How Will Attendance Be Limited To The Number Of People Indicated? _____ _____		
1. ATTACH A SKETCH, SITE PLAN, STAGE PLOT OR OTHER DESCRIPTION OF THE LAND AND PREMISES TO BE USED FOR THE EVENT FOR WHICH THE PERMIT IS SOUGHT. BE SPECIFIC AS TO THE PLACEMENT OF SOUND SYSTEM SPEAKERS AND THE DIRCTION THE SOUND WILL TRAVEL.		

2. PROVIDE A DESCRIPTION OF THE FACILITIES AND ARRANGEMENTS TO BE IMPLEMENTED FOR THE HANDLING OF FOOD, MEDICAL NEEDS, SANITATION, FIRE SERVICES, GARBAGE DISPOSAL, AND SECURITY INCLUDING CROWD CONTROL AND TRAFFIC CONTROL.

(Use Additional Sheet If Necessary)

3. PROVIDE THE MEANS AND METHODS PROPOSED BY THE APPLICANT TO PREVENT NOISE FROM THE EVENT FROM UNREASONABLY DISTURBING THOSE PERSONS WHO LIVE OR WORK IN THE VICINITY OF THE EVENT. *(Use Additional Sheet If Necessary)*

4. APPLICANT REQUESTS THE COUNCIL TO IMPOSE THE FOLLOWING SOUND LIMITATION
(Check One)

☐ MAXIMUM ALLOWABLE SOUND PRESSURE LEVEL NO MORE THAN 85 DECIBELS MEASURED AT THE PROPERTY LINE OR VENUE BOUNDARY.

☐ WAIVE THE MAXIMUM ALLOWABLE SOUND PRESSURE LEVEL AND REQUIRE THE AMPLIFIED SOUND TO TERMINATE NO LATER THAN 10:30 P.M.

The applicant hereby agrees that a copy of Rochester Code of Ordinance 117 has been provided with the application and that the applicant has read and does understand the regulations found within the Ordinance, and does intend to comply with the regulations found within the Ordinance and any conditions of approval imposed upon the permit that might be granted in response to his application.

Signature of Applicant _____ Date of Application _____

Permit Fee: \$25.00

YOU WILL NEED TO CHECK WITH THE PARK DEPARTMENT AT 507-328-2525 TO OBTAIN THE REQUIRED PARK DEPARTMENT PERMITS IF YOU ARE HOLDING YOUR VENUE ON PARK DEPARTMENT PROPERTY.

Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4th Street SE, Rochester, MN 55904.

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk's Office, Room 135, City Hall, Rochester, Mn. 55904

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING
MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant